FOR STATE HEALTH DEPT.

ma 2

TO DEPTY \*\* MEDICAL EXAMINER: This certificate should be executed within 24 hours a please content of the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1.4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1.3 or its designated agent, prior to burial, cremation, or removal, and in any event within 72.

VS. A15ME 5M 7/S9 1 DIRGE OF DESER

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 68 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 16831

	o. COUNTY	Cambridge	MARYLANI	0.	STATE	land	b. COUN	TV	ester
	b. CITY OR TOWN (if write RURAL end	outside corporete limits, give neerest town)	c. LENGTH OF STAY IN 1	13	CITY OR TOWN		prete limits, write		
		AL OR INSTITUTION (if not in h	ospitel, give street eddress)	/ d.	STREET ADDRESS				. IS RESIDENCE ON A FARM?
	The second second second	h Street			202	High S	Street		YES NO K
	NAME OF DECEASED (Type or print)	Charles	Edward	E	lasi Barnett	4. DATE OF DEATH	June 2	,1960	Yeer 19
5.	SEX	6. COLOR OR RACE 7. MARR	HED NEVER MARRIED	8. DATE	OF BIRTH	9.	AGE (In years		
	Male	White   widow	/ED DIVORCED	Sept	ember 24	4,1874	85 yrs.	Months Deys	Hours Min.
R	etired Dep	ON (Give kind of work king life, even if retired) outy Register of	KIND OF BUSINESS OR INDU		Cambric	ige	ntry)		of what country?
13.	FATHER'S NAME			14. M	OTHER'S MAIDEN	NAME			
		lward D.Barnett			Elizabe	eth Mere	edith		
		R IN U.S. ARMED FORCES? 16 yes give wer or detes of service)		rs Ex		ett. 202	Address	t. Cambr	idge,Md.
1		EATH [Enter only one cause per		TT DADLA	C 110 2 CC 2 1	1000,202	. wren o		ITERVAL BETWEEN
NO	Conditions, if eny, geve rise to immedia (e), steting the unceuse lest.	ete ceuse			ED TO THE TERM	INAL DISEASE (	CONDITION GIVE	EN IN PART 1(e)	
CERTIFICATION	2De. EXTERNAL CA PRIMARY Or COL CAUSE OF DEATH.		RIBE HOW INJURY OCCURED	. (Enter net	ure of injury in Pe	ert I or Pert II of	item 18.)		YES NO X
MEDICAL	20c. TIME OF INJUI Hour e.m. p.m.	RY Month, Dey, Yeer 2 Dd Whi 19 et w	ileNot While		NJURY (Home, fer et, office bldg., et		or town)	(County)	(Stete)
	21. I certify the death resulted for	at I took charge of the re	_	held an . uicide	Autopsy,  ], Homicide  CHIEF MEDICAL	_	X, Inquiry		in my opinion
	ACTUAL SIGNATURE EXAMINER'S NAME (Type)	John Mace Jr	. M.D.	A M.D	DEPUTY MEDICA	DICAL EXAMINER	6/6,	/60	DATE SIGNED
220	BURIAL, CREMATION REMOVAL (Specify) Burial	June 4,1960	Cambridge Ce		TORY	Cambri	ion (city, town, dge, Mary	land	(Stelle)
Z	funeral director		Cambrid	ge,Md	DATE			strar's signat	

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6878 CERTIFICATE OF DEATH

Reg. Dist. No.

	o. COUNTY					2. USUAL RESIDÊNCE	(Where decease		anı Residen	ce befor	e admissi	ion)
		ester Co.		MAR'	YLAND	Mary	land	b. COUNTY	Dorch	este	er Co	0.
	b. CITY OR TOWN (If RURAL and give ne	outside corporate lim arest tawn)		c. LENGTH OF STAY	(IN 16	c. CITY OR TOWN	_				rest town	1)
-	R.F.D.# 2	Cambridge	Md	Life		R.F.D.# 2		idge, Mar	yland		. IS RES	IDENICE
	OR INSTITUTION		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	000.627							ONA	FARM?
-	No					None						NOT
	NAME OF DECEASED	Fi		Middle		Lost	4. DATE OF	Mon	th	Day	, 1	lear .
	(Type or print) SEX	Be	njam	in Harris	on	Bramble	DEATH		IE HAIDED	17		19 60
3.	SEX	6. COLOR OR RACE		IED NEVER MARRI		DATE OF BIRTH		9. AGE (In years last birthday)	Manths	Doys	Hours	Min.
10.	Male	White	WIDOWE			9/24/1887.		72 yrs.	110 017			
100	during most of work	ing life, even if retired	)			11. BIRTHPLACE (SI	ate ar tareign o	auntry)	12. CIII	IZEN OI	TAHW	COUNTRY
10	Store Keer	per		Store Keep	er	Creek Cr	eek, Md	Dorches	ter C	0.	· II	S.A.
13.	FATHER'S NAME					14. MOTHER'S MAIDE	N NAME					
	Goodman					Sara	h Asple	en				
	WAS DECEASED EVER	IN U.S. ARMED FOR		SOCIAL SECURITY NO	). 17. INF	ORMANT		Add	ess Mar	ylar	nd.	
	No	No		Unknown	Mrs	Benjamin	H. Bra	mble. R.F			mbr	idge.
4		TH [Enter anly one co	use per lin	ne far (a), (b), and (c)						INTE	RVAL BE	TWEEN
	PART I. DEAT	H WAS CAUSED BY:	C11	2 A HOSIS	5	LIVER				6	40	
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	Canditians, if an	y, which ) (b										
	gave rise to in	nmediate (										
	lying cause last.	ne under-	,									
NO	PART II. OTH			ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TE	RMINAL DISEAS	SE CONDITION GIV	EN IN PART	1(a) 19	. WAS A	AUTOPSY
ATI	ASTER	STIAM	/	TRONG	#17	7.5					PERFO	NO IX
CERTIFICATION	20g. ACCIDENT WAS	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY O	OCCURRED.	(Enter nature of injury	in Part I ar Pa	rt II af item 18.)				
	20c. TIME OF INJURY		ar 20d IN	NJURY OCCURRED	20e PLAC	E OF INJURY (Home, f	orm 20f (Cit	u or town)	10	aunty)		(State)
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Z	p. m.		at wari	at wark	1.0	1/5	6/11	/2		-		
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		2986	>	,		/	ADDRESS (S	treet, city or tawn,	state)	,	DA	TE SIGNED
	SIGNATURE	7	au	KI.	M.	0.10440	CUS				9	fi
	PHYSICIAN'S NAME (Type)	K. H.H	AL	NKS		CACIP	ord	GE 1	Yd	<	14	160
220	BURIAL, CREMATION	N, 226. DATE THEREC	F	22c. NAME OF CEM	ETERY OR	REMATORY	22d. LOCA	TION (City, town, o	r county)		(State	:)
	REMOVAL (Specify) Burial	6/14/19	260.	Old Trin	ty Ch	urch Yard.	C	hurch Cre	ek. M	arv	land.	
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			EC'D 8Y REGIS		TRAR'S SIG			
	Le Compte	Funeral S	rvic	e, Cambrid	lge, M	arylandonie	JUN 21 '6	io an	Thur S.	thous	6	
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution, Residence before edmission) e. COUNTY necessary, ector. Page files. e. STATE b. COUNTY Dorchester Co. MARYLAND Maryland Dorchester Co. b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town c. LENGTH OF STAY IN 1b write RURAL and give neerest town) Cambridge, Maryland, 15 Years, d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) Cambridge, Maryland e. IS RESIDENCE ON A FARM? YES NO Harrington, Ave. Harrington NAME OF Middla Day Month DECEASED OF (Type or print) DEATH 19 James Brooks 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 2 will 1, 2, and 3 age 5 may and 2 will and 2 will 72 hours last birthday) Months Days Hours should be executed within 24 hours after de g", in pencil in Item 18. Give Pages 1, 2, and 5. Office along with form pages 7 and 2 we burial-transit permit. If a pages 7 and 2 we have and in any event the lin 72 hours WIDOWED DIVORCED Male 23 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY Dorchester Co. 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, aven if retirad) Labor Labor Woolford, Maryland. U-S-A-13. FATHER'S NAME William H. Brooks Ethel Wroten 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (If yas give wer or dates of servica) No Unknown Mr. William H. Brooks. Cambridge. 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c), 15 Min. PART I. DEATH WAS CAUSED BY: Status epilepticus IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if any, which (b) "pending" gave rise to immadieta causa W 10 DUE TO the the certificate, writing the word "pending forwarded to the Chief Medical Examiner".

L DIRECTOR: Page 3 should be used as all and another. (e), steting the undarlying cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED 20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of Injury in Part I or Part II of itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | burial, CAUSE OF DEATH. MEDICAL 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, ! 20c. TIME OF INJURY Month, Day, Year 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Whila Not While at work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion agent, death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER EXAMINER'S John Mace Jr. NAME (Type) Address (Street, city, town, or county) shoul 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) DE REMOVAL (Spacify) 240 p Burial Dorchester Memorial Park Cambridge Maryland 23. FUNERAL DIRECTOR VS. A15ME Le Compte Funeral Service, Cambridge, Marylande JUN 21'60 5M 7/59 arthur & Karry

MARYLAND STATE DEPARTMENT OF HEALTH

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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**CERTIFICATE OF DEATH** 

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	LACE OF DEATH					USUAL RESIDEN	NCE (Whe	re deceased	lived. If institut	ion: Resider	nce befor	• odmis	ion)
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3. 1	NAME OF	ge Marylan						End,	The second second				
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5. 5	EX	6. COLOR OR RACE		RIED NEVER MARRIE		DATE OF BIRTH			9. AGE (In years	IF UNDER	TYEAR	IF UND	R 24 HRS.
		C+1527 11			_				lost birthdoy)	Months	Days	Hours	Min.
	Female	White	WIDOW			11/22/1			66 yrs.				
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13.	PAINER 3 NAME					14. MOTHER 5 M	AIUEN NA	AME					
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	AAWO DECEMPENEACH	IN U. S. ARMED FOR	RCES? 16.	SOCIAL SECURITY NO.	17. INFO		TO TE	STEA	Add	Iress			
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90	18. CAUSE OF DEAT	TH [Enter only one co	ause per li	ine for (a), (b), and (c).	A						INTE	RVAL BE	
	PART I. DEAT	H WAS CAUSED BY:	rr rr		1	20							DEATH
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	21. I certify the	at I attended the	deceas	sed from 5-24	-60	. 19	ta	6-5-6	0, 19	that I	last sa	w the	decensed
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22a		V. 226. DATE THERE	OF	22c. NAME OF CEME	TERY OR C	REMATORY	2	2d. LOCAT	ION (City, town,	or county)		(Stot	e)
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06838 \$88 MEDICAL EXAMINER'S CERTIFICATE OF DEATH necessary, please exertor. Page 4 shauld be Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY BRCHESTER b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RLock d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NOVE delay 3. NAME OF DECEASED First Middle 4. DATE Month Day Year RNON (Type or print) DEATH 19 the retained far 2 with the 5. SEX 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. NEVER MARRIED | 8. DATE OF BIRTH last birthday) Months WIDOWED | DIVORCED | yrs. 10g. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which pencil along gove rise to immediate couse **DUE TO** (o), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY OS PERFORMED? 20g. EXTERMAL CAUSE WAS PRIMARY BOAT CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIPE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) MEDICAL Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) writing the w hief Medical I OR: Page 3 sh factory, street, office bldg., etc.) Not while at work ot work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . ond find that o the Chief DIRECTOR: 1 Suicide Homicide , Undetermined cause death resulted from: Natural causes , Accident , MEDICAL DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER FUNE BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, Jawn, or county) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a\_REC'D VS. A15ME(5) Orthur S. Kraus 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Life of Baseline Water Popular Hall Company

death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Eastern Shore State Hospital

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CATHERINE LOUISE HANLEY

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the fun	067		d. NAME OF HOSPITAL (If not in hospital) give street oddress) OR INSTITUTION OF THE MEDITAL AND A STREET ADDRESS OR INSTITUTION OF THE MEDITAL AND A STREET ADDRESS OR INSTITUTION OF THE MEDITAL AND A STREET ADDRESS OR INSTITUTION OF THE MEDITAL AND A STREET ADDRESS OR INSTITUTION OF THE MEDITAL AND A STREET ADDRESS OR INSTITUTION OF THE MEDITAL AND A STREET ADDRESS OR INSTITUTION OF THE MEDITAL AND A STREET ADDRESS OR INSTITUTION OF THE MEDITAL AND A STREET ADDRESS OR INSTITUTION OF THE MEDITAL AND A STREET ADDRESS OR INSTITUTION OF THE MEDITAL AND A STREET ADDRESS OR INSTITUTION OF THE MEDITAL AND A STREET ADDRESS OR INSTITUTION OF THE MEDITAL AND A STREET ADDRESS OR INSTITUTION OF THE MEDITAL AND A STREET ADDRESS OR INSTITUTION OF THE MEDITAL AND A STREET ADDRESS OR INSTITUTION OF THE MEDITAL AND A STREET ADDRESS OR INSTITUTION OF THE MEDITAL AND A STREET ADDRESS OR INSTITUTION OF THE MEDITAL AND A STREET ADDRESS OR INSTITUTION OF THE MEDITAL AND A STREET ADDRESS OR INSTITUTION OF THE MEDITAL AND A STREET ADDRESS OR INSTITUTION OF THE MEDITAL AND A STREET ADDRESS OR INSTITUTION OF THE MEDITAL AND A STREET ADDRESS OR INSTITUTION OF THE MEDITAL AND A STREET ADDRESS OR INSTITUTION OF THE MEDITAL AND A STREET ADDRESS OR INSTITUTION OF THE MEDITAL AND A STREET ADDRESS OR INSTITUTION OF THE MEDITAL AND A STREET ADDRESS OR INSTITUTE OF THE MEDITAL AND A STREET ADDRESS OR INSTITUTE OF THE MEDITAL AND A STREET ADDRESS OR INSTITUTE OF THE MEDITAL AND A STREET ADDRESS OR INSTITUTE OF THE MEDITAL AND A STREET ADDRESS OR INSTITUTE OF THE MEDITAL AND A STREET ADDRESS OR INSTITUTE OF THE MEDITAL AND A STREET ADDRESS OR INSTITUTE OF THE MEDITAL AND A STREET ADDRESS OR INSTITUTE OF THE MEDITAL AND A STREET ADDRESS OR INSTITUTE OF THE MEDITAL AND A STREET ADDRESS OR INSTITUTE OF THE MEDITAL AND A STREET ADDRESS OR INSTITUTE OF THE MEDITAL AND A STREET ADDRESS OR INSTITUTE OF THE MEDITAL AND A STREET ADDRESS OR INSTITUTE OF THE MEDITAL AND A STREET ADDRESS OR INSTITUTE OF THE MEDITAL AND A STREET ADDRESS OR INSTITUTE OF THE MED	e. IS RESIDENCE ON A FARM? YES NO
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and camp ban paper er death.		100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITI Nettred Die Setter Baltimore, Maryland	IZEN OF WHAT COUNTRY?
ion o	1	13.	FATHER'S NAME  Albert Hodges  Wilhelmina Foster	
ng physic remove 72 hours			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (If yes, give wor or dates of service)  215-07-0142  Mrs. Edith May Hodges  s	ame
the death ce he attending hen please re ent within 72			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO	INTERVAL BETWEEN ONSET AND DEATH DAYS
ned by termit. To any ev			Conditions, if any, which gave rise to immediate (b) CORONARY ARTERY DISEASE	6 MONTH
w requirements on sign on sit p		Z	Louise (a), stating the under-   DUE TO     Lying cause last.   (c)     PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	I (a) 19 WAS AUTOPSY
The la g phys has b urial-tr	0	FICATIO		PERFORMED? YES NO
CIAN: ittendin tificate s the b		CAL CERTI	OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSI tal ar a this cer or use a rematio		MEDIC	Hour a. st.  p. m.  While Not while of work of	ounty) (State)
inding in hospi in Affer ached fo	1		21. I certify that I attended the deceased from 20 JUNF 1960, to 26 VONT 1960, that I leadive an 25 JUNE 1960, and that death accurred at 200 M, from the causes and an the	ast saw the deceased ne date stated above.
RECTO Be detrior to b			ACTUAL SIGNATURE ADDRESS (Street, city or town, stole)	27 JUNE 6
R shorn p			PHYSICIAN'S W. E. GUNBYJR 105 CHURCH ST. 1	MD.
may be FUNE		L	BURIAL CREMATION, 27b. DATE THEREOF, 22c. MAME OF CEMETERY OR CREMATORY 22d-TOCATION (City, town, or county)	Md.
VS A15 (4) 15M 9/55	N	23.	EDWARD DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS  ADDRESS  240. REGISTRAR 24b. REGISTRAR 24b. REGISTRAR'S SIGNAL DATE JUN 29'60  Author & Date JUN 29'60  Author &	
	3			

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NAME OF STREET AND ASSESSED ASSESSED.					
			MA FERESTE YASTRA YAN		
		THE MEN AND THE PARTY OF THE SERVICE SERVICES OF THE PARTY.		A STATE OF THE STA	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Brenchopnemonia 3 days Prostatic Carcinoma Meterstance of Carcinoma to Lungations & year Gover 15 les june 30 les Jason Stylesme Hurlock Medical Contr. JASON F. & YEE, M.D Hurlock, Maryland SERVICE CONTROL OF LAWYER STATES OF

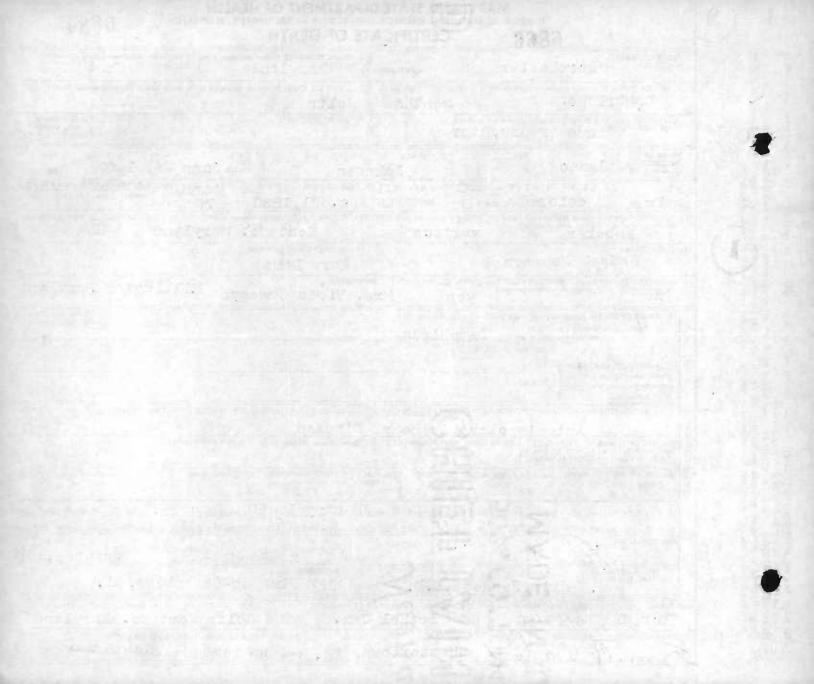
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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

6866

06843

	Dorchest	er	MARYLAND	2. USUAL RESIDENCE (* o. STATEMENTY)		l lived. If institution b. COUNTY	on: Residence Ke		sian)
b. CITY OR TOWN (	If outside corporate limit:		onths	c. CITY OR TOWN (I	If outside corpor	rate limits, write R	URAL and giv	e nearest low	n)
d. NAME OF HOSPI OR INSTITUTION	Home of da	ve street oddress) aughter		d. STREET ADDRESS				e. IS RE ON A	SIDENCE A FARM? NO 3
3. NAME OF DECEASED (Type or print)	Isaac	1	Middle Joh:	lost nson	4. DATE OF DEATH	June 25		Day	Yeor 19
5. SEX	6. COLOR OR RACE	7. MARRIED NEV	ER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)		YEAR IF UND	
mal e	colored	WIDOWED [	DIVORCED	Aug. 31,18	380	79 yrs.	Months D	ays Hours	Min.
100. USUAL OCCUPATION during most of work	ON (Give kind of work d king life, even if retired) OPER	one 10b. KIND OF B		ISTRY 11. BIRTHPLACE (See Kent		aryland		USA	COUNTRY?
13. FATHER'S NAME Sade	ack Johnso	n	1333	Mary Don				-127	
	R IN U. S. ARMED FORC (If yes, give war ar dotes of set			nformant s. Viola C	omegys	Milî	ngton	Mary	land
Conditions, if or gove rise to it couse (o), stoting lying couse last.  PART II. OTI  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	the under- (c)  HER SIGNIFICANT COND	DITIONS <u>CONTRIBUTI</u>	NG TO DEATH BU	T NOT RELATED TO THE TER	RMINAL DISEASI	E CONDITION GIV	'EN IN PART 1	PERF	AUTOPSY ORMED?
20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJUR Hour a. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER)		URRED 20e. PI	ED. (Enter nature of injury	orm, 20f. (City		(Co	unty)	(Stote)
VED O. M.	19		rille	octory, street, office bldg.,	etc.)	375	14		
21. I certify the saw the decea 220. SIGNATURE	at (I) (this haspital)	ot work ot work	rk	January 1 death accurred at 6  M.D. ATTENDING PHYS. 22d. ADDRESS	1960, ta		Ju	date state	1
21. I certify the saw the decea 220. SIGNATURE	ot (I) (this hospital) sed alive an Jun  J. Edwin I	of work of work of attended the de 25 196	eceased fram.  O, and that  M, D.	January 1 death accurred at 6 M.D. ATTENDING PHYS. 22d. ADDRESS 227 Pin	1960, ta control to the state of the state o	STAFF PHYS.	Juge, Md	ane 25	d abave. 2b. DATE SIGNED 190



VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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06844

1. PLACE OF DEATH a. COUNTY Doz	rchester	MARYLAN	2. USUAL RESIDENCE a. STATE	(Where deceased liverage)	ved. If instituti b. COUNTY			sian)
b. CITY OR TOWN (I RURAL ond give no	f aulside carparote limits, wri	te c. LENGTH OF STAY IN 1			e limits, write R			n)
Cambri	AL (If not in hospitot, give str	7 Years		op's Head	i		1	
OR INSTITUTION			d. STREET ADDRES	S				FARM?
Eastern Sho	ore State Hosp	oital		None			YES _	NO 🔀
3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Mon	th	Day	Yeor
(Type ar print)	Willia	m Richard	Jones	DEATH	June			1960
5. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH		AGE (In years last birthdoy)	Manths Day		ER 24 HRS.
Male	White WIDO	OWED DIVORCED	1-25-88		72 yrs.	Maiiiis Day	ys Haurs	Min.
10a. USUAL OCCUPATIO	ON (Give kind af wark done ting life, even if retired)	10b. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (S	tote ar foreign caun	itry)	12. CITIZEN	OF WHAT C	OUNTRY
Waterman		Watermah	Marv]	land		U.	S.A.	
13. FATHER'S NAME			14. MOTHER'S MAIDE	NAME				
William	Henry Jones	Maryland	Rhodia F	Robinson.	Marvla	nd		
IS. WAS DECEASED EVE	R IN U. S. ARMED FORCES?		, INFORMANT	)	Add			
(Yes, no, or unknown)	(If yes, give war or dates of service)	- M.m.	Eastern Shore	State H	osnital	Record	R	
	NO ATH [Enter only ane cause po		Das term onto	5 000 00 110	ODDIOGI		NTERVAL BE	TWEEN
	TH WAS CAUSED BY:						DISET AND	DEATH
2000	IMMEDIATE CAUSE (o)	Cerebral Hemo	rrhage				11 da	IVE
1704	DUE TO	01 1 7 1					1	
Canditians, if a		Chronic Lymph	atic Leukemia	ì			là yra	3.
cause (o), stating								
lying cause last.	) (c)							
PART II. OTH	HER STGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	ERMINAL DISEASE C	ONDITION GIV	EN IN PART 1(d	19. WAS	AUTOPSY ORMED?
3 Arte	eriosclerosis					•		NO 🔀
(IF EITHER, NOTIFY	S UNDERLYING [] 20b. I	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury	in Port I or Port II	of item 1B.)			
Hour a.m.	wi wi	hile Not while	PLACE OF INJURY (Home, foctory, street, affice bldg.,	farm, 20f. (City ar	tawn)	(Caun	nty)	(State)
	u,	wark at wark			, ,	10		
		ended the deceased fra		12_59.ta			that (1) (	
	sed alive an 6-2	19_ <b>60</b> , and the	it death accurred at	2:50%, from th	e causes ar	d an the do	ate stated	abave
220. SIGNATURE	,//		ATTENDING	1450	CTAFF		22	b. DATE SIGNED
5	rosse A h	on fen	M.D. PHYS.	MED. DIRECTOR	STAFF PHYS.		6-6	6-60
22c. PHYSICIAN'S NAME (Type)	George L. L	ongley, M.D.		astern Shambridge.		also also	pital	
23o. BURIAL, CREMATIO	N, 23b. DATE THEREOF	23c. NAME OF CEMETER			N (City, tawn,		(Stot	te)
REMOVAL (Specify)							(310)	-,
24. FUNERAL DIRECTOR	6/8/1960.	Dorchester		Cambra Cambra	idge, M	aryland STRAR'S SIGNA	TUPE	
				9911 1 0	60 Z3B. KEGI	Children S.	Kansa	
Le Compte	Funeral Servi	ice, Cambridge,	Md DATE			. 4.	- VIANCE	

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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH (16845)
HEALTH DEPT.	1. PLACE OF DEATH O. COUNTY O. STATE D. COUNTY D. S
Heolth.	b. CITY OR TOWN (If soutide corporate limits, write RURAL ond give nearest town)  ond give nearest town)  c. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)
The second	Chesapeake, Bay. Unknown Cornerville, Maryland.
for for a	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Chesapeake, Bay  None.  *IS RESIDENCE ON A FARM?  YES \( \subseteq No) \( \subseteq \)
fun fun deal deal	3. NAME OF DECEASED First Middle Lost 4. DATE Month Doy Yeor OF DEATH 6 21 1960
offer of	5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH 9. AGE (In years I FUNDER 1YEAR) IF UNDER 24 HES
d 3 moy	Maile White WIDOWED DIVORCED 7/26/1912. 17 yrs. Months Days Hours Min.
2, on	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Carpenter  Carpenter  Li. BIRTHPLACE (Stote or foreign country)  Maryland., Dorchester Co. U.S.A.
Poges 1. PM3. Poges 1.	13. FATHER'S NAME
e Pod	John C. Keyes  Edith Mils  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT  Address
Give Give Give Give Give Give Give Give	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Yes WW 2 Unknown Mr. John C. Keys, Fishing Creek, Ma ryland.
ng v and ind ind ind ind	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY:
ol, o	IMMEDIATE CAUSE (0) Drowning Instant
Office id-trons	DUE TO  Conditions, if ony, which) (b)
in per in per s o burio	gove rise to immediate couse (a), stating the underlying cause tost.  (c)
pending col Exam esed as cremotion	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \( \subseteq NO \( \subseteq \)
Medial,	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) Fell from boat in Choptank river.
or to but	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (Cily or town) (Caunly) (State)  While of work of while of work of wo
Poge	21. I certify that I took charge of the remains described above, held on Autapsy . Inspection . Inquiry . and in my
TOR:	opinion deoth resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined monner
Forw oted	ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
designot	EXAMINER'S John Mace Jr. M.D. DEPUTY MEDICAL EXAMINER 7/5/60
Shour its o	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Cily, town, or county) (State)
. 40°	Burial 7/2/1960. Dorchester Memorial Park, Cambridge Maryland. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PART D BY REGISTRAR 236. REGISTRAR 236. REGISTRAR SIGNATURE
S. A15ME 5M 2/57	Le Compte Funeral Service Cambridge Maryland Date Jul 8 '60 Carthur 2. House

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requires that the death certificate be executed within 24

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VS A15 (4) 15M 9/58

MARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18

6867 CERTIFICATE OF DEATH

06849 Reg. Dist. No.

o. COUNTY Dorchester	MARYLAND	o. STATE Maryla	ere deceased lived. If institution b. COUNTY	n: Residence before odmission)  Dorchester
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write RU	
d. NAME OF HOSPITAL (If not in hospitol, give street of National National Avenue		/ d. STREET ADDRESS 20 Lin	den Avenue	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Ira	Middle Arlington	Lord	4. DATE Month OF DEATH June	Day Yeor 11 19 60
5. SEX 6. COLOR OR RACE 7. MARR White WIDOWE	The state of the s	8. DATE OF BIRTH April 20, 18	lost birthdoy)	Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  Retired Farmer	KIND OF BUSINESS OR INDUS		or foreign country) ourg, Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME  James H. Lord		14. MOTHER'S MAIDEN N Mollie Ni		
(Yes, no, or unknown) (If yes, give wor or dates of service)		MFORMANT die B. Lord,	Cambridge, Mar	yland
18. CAUSE OF DEATH [Enter only one couse per lir PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	ne for (o), (b), ond (c).] Carcinoma co.	lon		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.  DUE TO  DUE TO  (b)  DUE TO		- 93		
PART II. OTHER SIGNIFICANT CONDITIONS COLUMN CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CHIEF NOTIFY MEDICAL EXAMINER)				PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NOTE:
	CRISE HOW INJURY OCCURRED	D. (Enter noture of injury in F	Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. 19 While of world	Not while foo	ACE OF INJURY (Home, farm ctory, street, office bldg., etc.	)	(County) (State)
21. I certify that I attended the decease olive on June 10 , 19 6  ACTUAL SIGNATURE PHYSICIAN'S Tables 10 10 10 10 10 10 10 10 10 10 10 10 10		m.D. 6	M, from the causes and ADDRESS (Street, city or town, s	
Physician's John ace Jr.  220. Burial, CREMATION, REMOVAL (Specify) Burial June 13,1960	22c. NAME OF CEMETERY OF Washington	R CREMATORY	dge, Marylan 22d. LOCATION (City. town, or Hurlock, Mar	r county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE Son, Federal J.J. Framptom and Son, Federal		vland 240. REC'I		TRAR'S SIGNATURE wither S. Thoma

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06853 6870 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) n. COUNTY o. STATE b. COUNTY MARYLAND Dorchester Marvland Dorchester b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) RURAL and give nearest tawn) Cambridge Cambridge vears d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO P Cambridge-Maryland Hospital 104 Vue de Leau St NAME OF 4. DATE Middle Month Day Year DECEASED OF DEATH (Type ar print) William McMahon June 1.1960 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Haurs DIVORCED [ WIDOWED [ February 18,1876 Male White 8/ yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Retired Real Estate Salesman Millis Mass. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas McMahon Beatrice Maddox 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Mrs. Agnes McMahon. 104 Vue de Leau St., Camb., Md. 1B. CAUSE OF DEATH [Enter only one cause pgs. line far (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gave rise to immediate DUE TO cause (o), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (Stote) factory, street, affice bldg., etc. Hour o. m While Not while of work at wark 21. I certify that I attended the deceased fram. 19\_\_\_,that I last saw the deceased alive on 5-3/and that death accurred at 2:00 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22d. LOCATION (City, Jown, or county) 22a. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY (State) Cremation Fort Lincoln Crematory June 2,1960 Washington, D.C. **ADDRESS** 24b. REGISTRAR'S SIGNATUREA Cambridge. Md. DATE

VS A15 (4)

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death.

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VS. A15ME(5) 5M 9/55

certificate shauld be executed within 24 haurs after death. If ony delay is necessary, please exe-	pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be		be used as a burial-transit permit. File pages I and 2 with the registration for to burial, crematian,
cessary,	. Poge		to burja
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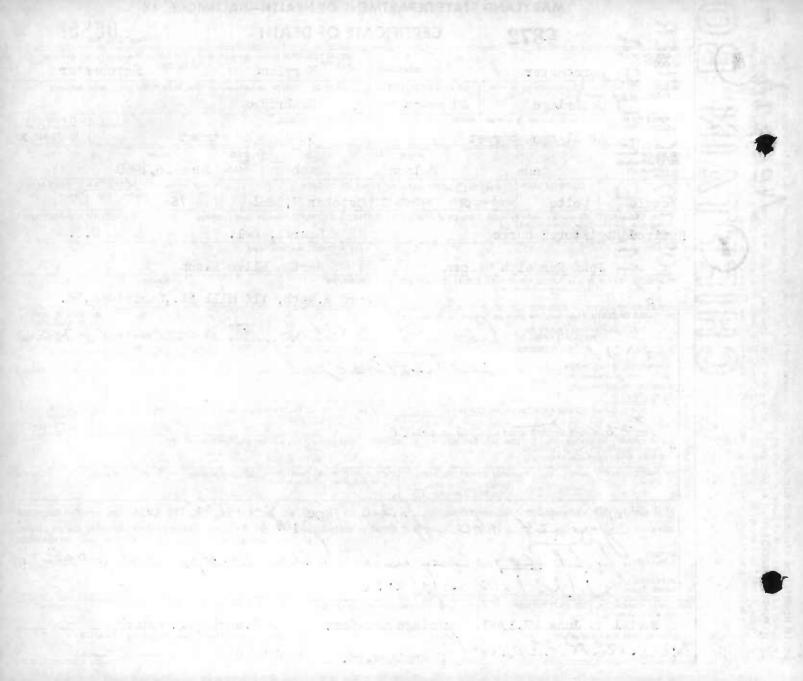
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		587	DICA	L EXAMINER	'S CERTIFICA	ATE OF		Reg. Dis		355	
1.	PLACE OF DEATH				2. USUAL RESIDENCE				ce befo	re odmis	sion)
	o. could orche	ster		MARYLANI	o. STA Maryla	and	b. COUNTY	Do	orch	este	er
k	c. CITY OR TOWN (IF	outside corporate limits, write dge	- EURAL	c. LENGTH OF STAY IN 18	c. CITY OR TOWN		rporate limits, write	RURAL and	give ne	arest low	(n)
-	NAME OF HOSPITA	AL OR INSTITUTION (	If not in hos	pitol, give street address)	d. STREET ADDRESS						SIDENCE A FARM?
	DOA	Cambridge	Mary]	and Hosp.	133 Race	Street	t				NO IX
	NAME OF DECEASED (Type or print)	Fin Ar	thur F	Middle	Morrison	4. DATE OF DEATH	Month June		Doy	Ye 19	er 60
5. 9	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	1907	9. AGE (in years last birthday)	IF UNDER 1	YEAR		R 24 HRS.
	lale	White	WIDOWE			1903	53 yrs.	Months D	ays	Hours	Min.
100	. USUAL OCCUPATIO	N (Give kind of work	done 10b. K	and of Business or INDU	STRY 11. BIRTHPLACE (SI	oté de foreign	country)	12. CITIZI	EN OF	WHAT C	OUNTRY?
Me	rchant se	aman	Me	rchant Seamar	London	Elghar	nd	US	S A		
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME					
J	known				Unknown						
	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	4 - 40 -	Mr. Phillip	Krame	Address er Cambri	dge l	lary	land	d
	18. CAUSE OF DEAT	H [Enler only one cau	se per line	for (a), (b), and (c).]					INTERV	AL BETWEE	N TH
	PART I. DEAT	H WAS CAUSED 8Y:	Col	ronary occl	usion				1	5 m:	in.
NO	Conditions, if ar gove rise to immed (o), stating the ucouse lost.  PART II. OTH	inderlying DUE TO		NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TEE	RMINALDISEA	SE CONDITION GIV	EN IN PART	1(0) 19	. WAS A	UTOPSY
CERTIFICATION	20g. EXTERNAL CAU	ISE WAS 20	b. DESCRIBE	HOW INJURY OCCURRED.	(Enter nature of injury in F	Port I or Part	II of item 18.1		YE	PERFOR	NO 🔀
CERT	PRIMARY OF CON	ITRIBUTING [									
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yea	20d. I While at wo	Not while fo	ACE OF INJURY (Home, fo ctory, street, office bldg., e		ty or town)	(Coun	ty)		(State)
		at I took charge fram: Natural		emains described ab	ave, held an Auta vicide [], Hamici		Inspection [5], Indetermined c	Inquiry ause .	<u></u> ,	and f	ind that
	ACTUAL SIGNATURE	youn	me	reef	M.D. CHIEF MEDICAL					DATE SI	GNED
	EXAMINER'S NAME (Type)	ohn Mace	Jr.	M.D.	DEPUTY MEDICA		6/27	7/60			
	BURIAL CREMATION	June 28,		22c. NAME OF CEMETERY C			ATION (City, town, o	or county) Maryla	and	(State)	)
23 <sub>1</sub>	FUNERAL DIRECTOR	s signature Funeral Ser	rvice	Cambridge M	aryland 240. RE	C'D BY REGI	STRAR 24b. REGIS	TRAR'S SIGN	ATURE		
<b>=</b>					, , , ,	1 1	1 000	1 40. 1	7.000		

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VS A15 (4) 15M 9/58

	6873	2	CERTIFIC	ATE OF DEATH			Reg. Dist.	06500	
1. PLACE OF DEATH o. COUNTY	Dorchester		MARYLAND	2. USUAL RESIDENCE (Whe		If institution. COUNTY		before admiss	ian)
b. CITY OR TOWN RURAL and give	(If outside corporate limit nearest town) Cambridge		ngth of stay in 1b years	3 Cambrid		nits, write RL	JRAL and give	e nearest town	)
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, gi		s)	d. STREET ADDRESS	gow stre	et			FARM?
3. NAME OF DECEASED (Type or print)	Firs Anna	it	Middle Melson	Lost Nabb	4. DATE OF DEATH Ju	Mont ne 25,		/	rear
5. SEX	6. COLOR OR RACE		NEVER MARRIED		last	E (In years birthdoy)		YEAR IF UNDI	R 24 HI
Female	White	WIDOWED 🔀	DIVORCED [	October 7,188		'78 yrs.	To come		
during most af we	orking life, even if retired)  egistered Nu		OF BUSINESS OR IND	Laurel,			12.CITIZE	U.S.	OUNTR
13. FATHER'S NAME				14. MOTHER'S MAIDEN N	AME				
	John Randol	ph Mels	on	Martha E	Cllen Eas	on			
15. WAS DECEASED E	ER IN U. S. ARMED FOR	CES? 16. SOCIA		INFORMANT		Addr	ess		
No	(if yes, give war to dates of so	a vice)	Ec	dward H. Nabb, 1	14 Mill .	St., Ca	ambridg	ge, Md.	
Canditions, if	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO any, which ) immediate	100	(o), (b), and (c).]	bidney	Ca	bda	uma	INTERVAL BE	
Canditions, if gave rise to cause (a), statin lying cause las	EATH WAS CAUSED BY:    IMMEDIATE CAUSE (o)  DUE TO  any, which immediate g the under-	2n	etasle	brdney	TE QU	b-do	runo	ONSET AND	AUTOPS
Canditions, if gave rise to cause (a), statin lying cause las	THER SIGNIFICANT CONTENTS  WAS UNDERLYING   VAS UNDERLYING   EACH   VAS UNDERLYING   VAS UN	DITIONS CONTR	etaste  Buting to DEATH BI	UT NOT RELATED TO THE TERMIN			runo	ONSET AND	AUTOP:
Canditions, if gave rise to cause (a), statin lying couse last Part II. O	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO  any, which immediate g the under- the continuous co	DITIONS CONTR  20b. DESCRIBE I	ELCANDED TO DEATH BITTING TO DEATH BITTI		ort I ar Port II of i	item 1B.)	EN IN PART 1	ONSET AND	AUTOP RMED?
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Canditions, if gave rise to cause (a), statin lying couse las Part II. O OR CONTRIBUTION (IF EITHER, NOTIF EITHER, EIT	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Ony, which immediate g the under.  (c) THER SIGNIFICANT CONI  VAS UNDERLYING   ICOLORY VAS UNDERLYI	DITIONS CONTR  20b. DESCRIBE  ar 20d. INJURY While of work  deceosed fr  , 19 6 0	IBUTING TO DEATH BI HOW INJURY OCCUR OCCURRED Not while at work  OM ON	PLACE OF INJURY (Hame, farm, factory, street, office bldg., etc., 1960, to	20f. (City or taw 20f. (City or taw 7) 20f. (City or taw 7) 20f. (City or taw 7) 20f. (City or taw 7)	ouses one tity or town, o	EN IN PART 1  (Cauthot I lost d on the castote)	ONSET AND  (a) 19. WAS PERFO YES   unty)	AUTOPPRENED? NO   (Steeless of the control of the c
Canditions, if gave rise to cause (a), statin lying couse las PART II. O OR CONTRIBUTIN (IF EITHER, NOTIR Haur a. m 21. I certify olive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMAT	EATH WAS CAUSED BY:   MMEDIATE CAUSE (o)   DUE TO   Only, which immediate graph of the under-   OUE TO     OUE	DITIONS CONTR  20b. DESCRIBE  ar 20d. INJURY While of work  deceosed fr  , 19 6 0	IBUTING TO DEATH BILLING TO DEATH WHITE DOWN THE DOWN THE DEATH WHITE DOWN THE DOWN THE DEATH WHITE DOWN THE DEATH WHITE DOWN THE D	PLACE OF INJURY (Hame, farm, factory, street, office bldg., etc.)  th occurred at the occurred	20f. (City or taw 20f. (The property of the pr	ouses one city or town, o	EN IN PART 1  (Cauthot I lost d on the castote)	(Stot	AUTOPPREMED'NO  (Steelessing Steelessing S



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MARYLAND	STATE	<b>DEPARTMENT</b>	OF	HEAL	TH
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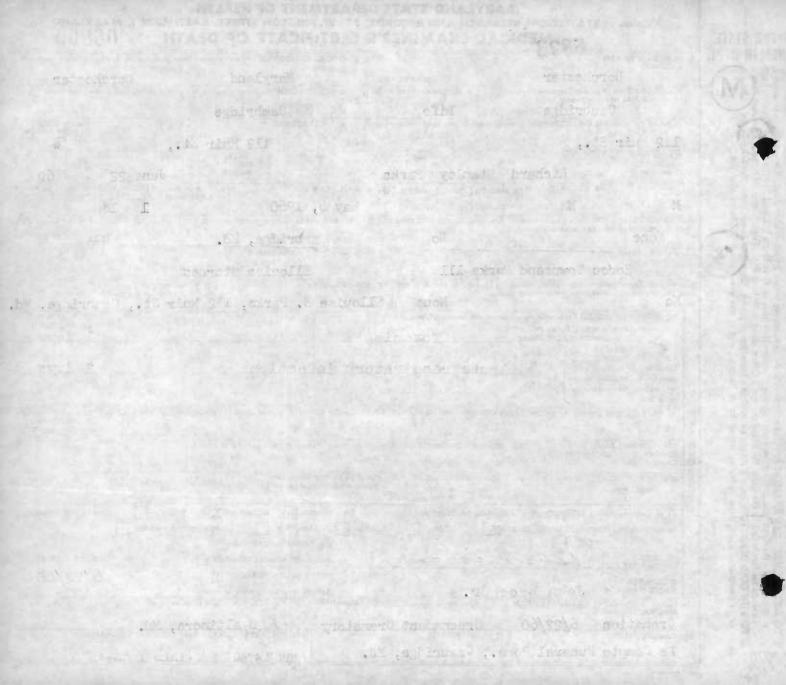
CERTIFICATE OF DEATH

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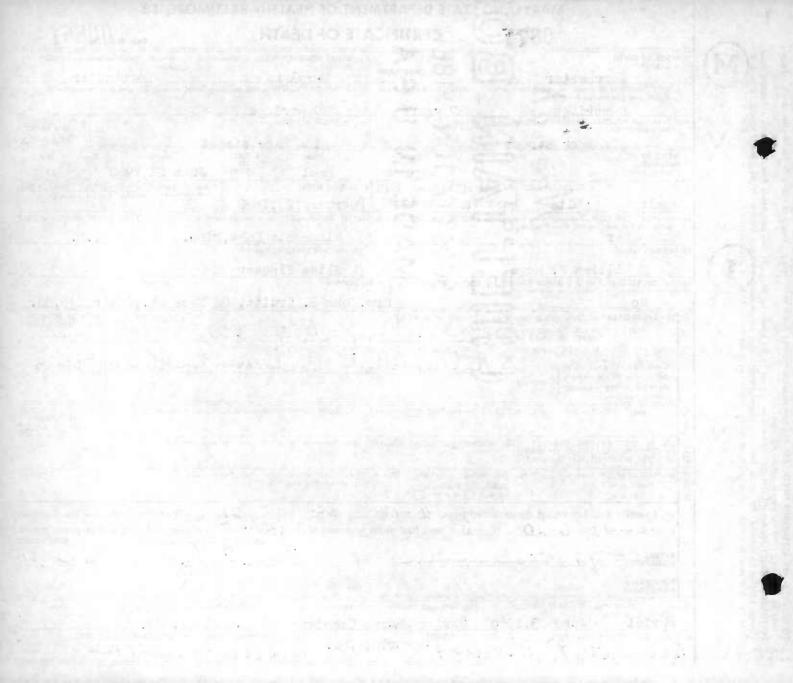
6885 CERTIFICA	TE OF DEATH	006
PLACE OF DEATH Prchester MARYLAND	2. USUAL RESIDENCE TWhere deceased lived. If institution: Residence o. STATE b. COUNTY	befare admission)
b. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and gr	ye nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)    TWIDT CIVE	Palmer 4. DATE OF DEATH Month	Day Yeor 4 196
Male White WIDOWED DIVORCED	4/19/1880 8 bithday) Months 1	YEAR IF UNDER 24 HRS Doys Hours Min.
do. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  OWN CONTROL OF SUSINESS OF INDUSTRIAL OF SUSINESS OF SUSINESS OF INDUSTRIAL OF SUSINESS OF S	dollensis 1	EN OF WHAT COUNTRY
Staney Calmer	14. MOTHER'S MAÍDÉN NAME	2
6. WAS DECEASED EVER TN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. In 18.	lenn M. Kelmer, H.	ulocki
PART I. DEATH WAS CAUSED BY:  MMEDIATE CAUSE (a)	Thrombosis	INTERVAL SETWEEN ONSET, AND DEATH
Conditions, if ony, which gove rise to immediate (b)  ARTEVIOSCI	erotic Heart Disease	Years
couse (o), stoting the under. Diabetes  lying cause lost.  (c) Diabetes	Mellitus	23 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	' not related to the terminal disease condition given in Part	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 Of work at work 19	ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.)	ounty) (State
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on lune 6 1960, and that a	JAN: 4 1960 to Line 6, 1961 death accurred a PM, from the causes and on the	O, that (I) (we) last date stated above
220. SIGNATURE Jason 7- G. Yeeline	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DUN	26, 196 PATE
22c. PHYSICIAN'S NAME (Type) DASON F. G. YEE, N	1.D. HURLOCK MEDICAL CENT	R Hurlock M
36. BURIAL, CREMATION, 236. DATE THEREOF 23c NAME OF CEMETERY O	w meret coast hew has	ket Mil
STUDIES OF STIGHTUKE ADDRESS TO THE	DATE JUN 1 3 '60 CATHUR &	

5 . . . Commany Thrembesis Autorioscherotic Heart Discour Diabetes Melletus JAM. of sold to the force Lacon 7 & yeers) of the state of the JASON E. G. YEE MD HURLIER MEDICAL CENTS HILLOCAL

		PLACE OF DEATH	H 0010		2. USUAL RESIDENCE			nce before edm
	,		rchester	MARYLAND	e. STATE Maryl	and b. coun		ester
	k	write RURAL and	if outside corporete limits, I give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If our	tside corporete limits, write	RURAL end give	neerest town)
-			ambridge TAL OR INSTITUTION (if not in	Life	d. STREET ADDRESS	ridge		e. IS RESID
				nospiret, give sireet eddress/		A 36 . O.		ON A F
00	3.	112 Muir	First	Middle		2 Muir St.,	Dev	YES NO
-	-	DECEASED (Type or print)		Stanley Parks		OF DEATH J	June 22	19 60
	5.		6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED B	, DATE OF BIRTH	9. AGE (In yeers last birthdey)		Hours A
		M	1	WED DIVORCED	May 4, 1960	yrs.	Months Devs	Hours
	dor	USUAL OCCUPAT no during most of wo None	ION (Give kind of work orking life, even if retired)	No. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or for		12. CITIZEN O	OF WHAT COU
		FATHER'S NAME			14. MOTHER'S MAIDEN NAM		1 00	LAL.
		· Zod	oc Townsend Par	rks 111	Ellouis	e Starnes		
-	15.	WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address		
1	(Tes	No or unkown) (I	fyesgive weror detes of service)	None El	louise S. Park	s. 112 Muir	St. Cam	hridge.
1	I	18. CAUSE OF D	EATH [Enter only one couse p				IN	TERVAL BETWE
l	9		H WAS CAUSED BY: IMMEDIATE CAUSE (e)	Toxemia			0	NSET AND DEA
		pure de la como						
I		527	DUE TO	A STATE OF THE STA				1 day
		Conditions, if any	which ) (b) A		orv infection	2		
		geve rise to immedi	, which (b) A	cute respirato	ory infection	2		
			, which (b) A		ory infection	2		
	ION	gove rise to immedi (e), stetling the u cause lest.	(b) A (b) A (c) DUE TO (c)				YEN IN PART 1(e)	2 days
	CATION	gove rise to immedi (e), stetling the u cause lest.	(b) A (b) A (c) DUE TO (c)	cute respirato			'EN IN PART 1(e)	2 days
	CERTIFICATION	gove rise to immedi (e), stetling the u cause lest.	which (b) A (b) A (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	cute respirato	OT RELATED TO THE TERMINAL	DISEASE CONDITION GIV	'EN IN PART 1(e)	2 days
		geve rise to immedia  (e), steting the uncause lest.  PART II. OTHER  20e. EXTERNAL CAPRIMARY or COCAUSE OF DEATH.  20e. TIME OF INJU	AUSE WAS NTRIBUTING   20b. DES	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL  Enter neture of injury in Pert I or	DISEASE CONDITION GIV	(County)	2 days
	MEDICAL CERTIFICATION	geve rise to immedi (e), steting the u cause lest.  PART II. OTHER  20e. EXTERNAL CA- PRIMARY   or CO- CAUSE OF DEATH.	AUSE WAS NTRIBUTING   20b. DES	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL Enter neture of injury in Pert I or	DISEASE CONDITION GIV		2 days
		geve rise to immedi (e), steting the u cause lest.  PART II. OTHER  20e. EXTERNAL CAPRIMARY or CO CAUSE OF DEATH.  20c. TIME OF INJUI Hour e.m. p.m.	AUSE WAS NTRIBUTING   JRY Month, Dey, Yeer 19 et	CONTRIBUTING TO DEATH BUT NO SCRIBE HOW INJURY OCCURED. (I	Enter neture of injury in Pert I or	DISEASE CONDITION GIV	(County)	2 days
-		geve rise to immedi (e), steting the u cause lest.  PART II. OTHER  20e. EXTERNAL CAPRIMARY or CO CAUSE OF DEATH.  20c. TIME OF INJUI Hour e.m. p.m.	Which intercepts (b) A (c) A (	CONTRIBUTING TO DEATH BUT NO  SCRIBE HOW INJURY OCCURED. (I  Od. INJURY OCCURRED   20e. PLA  field work   et work   feel remains described above, he	Enter neture of injury in Pert I or	DISEASE CONDITION GIV Port II of Item 18.) 20f. (City or town)	(County)	2 days
		geve rise to immedi (e), stetling the u cause lest.  PART II. OTHER  20e. EXTERNAL CA PRIMARY   or CA CAUSE OF DEATH.  20c. TIME OF INJU Hour e.m. p.m.  21. I certify the	Which interceuse and order in the course inderlying and the course inderlying are considered in the course inderlying and the course inderlying are considered in the course in the cour	CONTRIBUTING TO DEATH BUT NO  SCRIBE HOW INJURY OCCURED. (I  Od. INJURY OCCURRED   20e. PLA  field work   et work   feel remains described above, he	Enter neture of injury in Pert I or	DISEASE CONDITION GIV  Pert II of Item 18.)  20f. (City or town)  pection , Inquir	(County)	2 days
		geve rise to immedi (e), steting the u cause lest.  PART II. OTHER  20e. EXTERNAL CA PRIMARY   or CO CAUSE OF DEATH.  20c. TIME OF INJU Hour e.m. p.m.  21. I certify the death resulted in  ACTUAL	Which interceuse and order in the course inderlying and the course inderlying are considered in the course inderlying and the course inderlying are considered in the course in the cour	CONTRIBUTING TO DEATH BUT NO  SCRIBE HOW INJURY OCCURED. (I  Od. INJURY OCCURRED   20e. PLA  field work   et work   feel remains described above, he	Enter neture of injury in Pert I or  CE OF INJURY (Home, ferm, ory, street, office bldg., etc.)  Id an Autopsy , Institute , Homicide , Homicide , CHIEF MEDICAL EXAM	DISEASE CONDITION GIV  Pert II of Item 18.)  20f. (City or town)  Dection , Inquir , Undetermined m	(County)  ry, and  nanner	2 days
		geve rise to immedi (e), stetling the u cause lest.  PART II. OTHER  20e. EXTERNAL CAPRIMARY — or CO CAUSE OF DEATH.  20c. TIME OF INJU Hour e.m. p.m.  21. I certify the death resulted for the control of the control	Which interceuse and order in the course inderlying and the course inderlying are considered in the course inderlying and the course inderlying are considered in the course in the cour	CONTRIBUTING TO DEATH BUT NO  SCRIBE HOW INJURY OCCURED. (I  Od. INJURY OCCURRED   20e. PLA  field work   et work   feel remains described above, he	Enter nature of injury in Part 1 or  CE OF INJURY (Home, ferm, ory, street, office bldg., etc.)  old an Autopsy, Institute,  CHIEF MEDICAL EXAM	DISEASE CONDITION GIV  Port II of Item 18.)  20f. (City or town)  Dection , Inquir , Undetermined m MINER	(County)  ry, and anner	2 days  19. WAS AUT. PERFORM YES NO  (Ste
	MEDICAL	geve rise to immedi (e), steting the u cause lest.  PART II. OTHER  20e. EXTERNAL CA PRIMARY or CC CAUSE OF DEATH.  20e. TIME OF DEATH.  20e. TIME OF THE OF	AUSE WAS DITRIBUTING DIE 10 Pt. Month, Day, Year 19 Pt. Month Conditions of the Information Natural causes of the Information Natural causes of the Information Macce	CONTRIBUTING TO DEATH BUT NO  SCRIBE HOW INJURY OCCURED. (I  Od. INJURY OCCURRED   20e. PLA  feel work   et work    Temains described above, he  Accident   Suice  Jr.	Enter neture of injury in Pert I or  CE OF INJURY (Home, ferm, ory, street, office bldg., etc.)  Id an Autopsy , Institute CHIEF MEDICAL EXAMAD.  ASSISTANT MEDICAL EXAMADEPUTY MEDICAL EXAMADEPUTY MEDICAL EXAMADEPUTY MEDICAL EXAMADERS (Street, city,	DISEASE CONDITION GIVE Port II of Item 18.)  20f. (City or town)  Dection , Inquir, Undetermined mainer	(County)  ry, and anner	2 days  19. WAS AUT PERFORM YES NC  (Ste
	MEDICAL	geve rise to immedi (e), stetling the u cause lest.  PART II. OTHER  20e. EXTERNAL CA PRIMARY or CO CAUSE OF DEATH.  20c. TIME OF INJU Hour e.m. p.m.  21. I certify th death resulted to  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  BURIAL, CREMATIC	AUSE WAS ONTRIBUTING OF THE PROPERTY OF THE PR	CONTRIBUTING TO DEATH BUT NO  SCRIBE HOW INJURY OCCURED. (I  Od. INJURY OCCURRED   20e. PLA  field   Not While   fect  work   et work   remains described above, he  Accident   Suice	Enter neture of injury in Pert I or  CE OF INJURY (Home, ferm, or)  ory, street, office bldg., etc.)  ald an Autopsy , Insquide , Homicide CHIEF MEDICAL EXAMAL.  ASSISTANT MEDICAL EXAMALEM Address (Street, city,	DISEASE CONDITION GIVE Port II of Item 18.)  20f. (City or town)  Dection , Inquir, Undetermined mainer	(County)  y	2 days  19. WAS AUT- PERFORM YES NO  (Ste
	WEDICAL MEDICAL	geve rise to immedi (e), steting the u cause lest.  PART II. OTHER  20e. EXTERNAL CAPRIMARY or CO CAUSE OF DEATH.  20c. TIME OF INJU Hour e.m. p.m.  21. I certify the death resulted for the control of	AUSE WAS NATRIBUTING   20b. DESTANTED   20b. DESTANTED   19   19   19   10   10   10   10   10	CONTRIBUTING TO DEATH BUT NO  SCRIBE HOW INJURY OCCURED. (I  Od. INJURY OCCURRED   20e. PLA  fiel   Not While   fect work   et work      Temains described above, he  Accident   Suic  Jr.  22c. NAME OF CEMETERY OF  Greenmount Green	Enter neture of injury in Pert 1 or  CCE OF INJURY (Home, ferm, ory, street, office bldg., etc.)  Enter medical injury in Pert 1 or  CCE OF INJURY (Home, ferm, ory, street, office bldg., etc.)  Enter Medical EXAM  ASSISTANT MEDICAL EXAM  Address (Street, city, creen, cr	DISEASE CONDITION GIV  Pert II of Item 18.)  20f. (City or town)  Dection Inquir , Undetermined m MINER  EXAMINER  AMINER  town, or county) , LOCATION (City, town,	(County)  y	2 days  19. WAS AUT PERFORM YES NO  (Ste  (Ste  (Stele)
	WEDICAL MEDICAL	geve rise to immedi (e), stelling the u cause lest.  PART II. OTHER  20e. EXTERNAL CAPRIMARY or CO CAUSE OF DEATH.  20c. TIME OF INJU Hour e.m. p.m.  21. I certify the death resulted if  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  BURIAL, CREMATIC REMOVAL (Specify Cremation  FUNERAL DIRECTO	AUSE WAS ONTRIBUTING OF THE PROPERTY OF THE PR	CONTRIBUTING TO DEATH BUT NO  SCRIBE HOW INJURY OCCURED. (I  Od. INJURY OCCURRED   20e. PLA  feel work   et work    Temains described above, he  Accident   Suice  Jr.	Enter neture of injury in Pert I or  CCE OF INJURY (Home, ferm, ory, street, office bldg., etc.)  ald an Autopsy, Institute CHIEF MEDICAL EXAM  M.D. ASSISTANT MEDICAL  DEPUTY MEDICAL EXAM  Address (Street, city, city, 22d  R CREMATORY 22d  Matory 24e. REC'D 8	DISEASE CONDITION GIV  Port II of Item 18.)  20f. (City or town)  pection , Inquir  Undetermined m  MINER  EXAMINER  AMINER  Town, or county)	(County)  y	2 day  19. WAS AU PERFOR YES N  (S  I in my opi DATE SIGN (Stete)

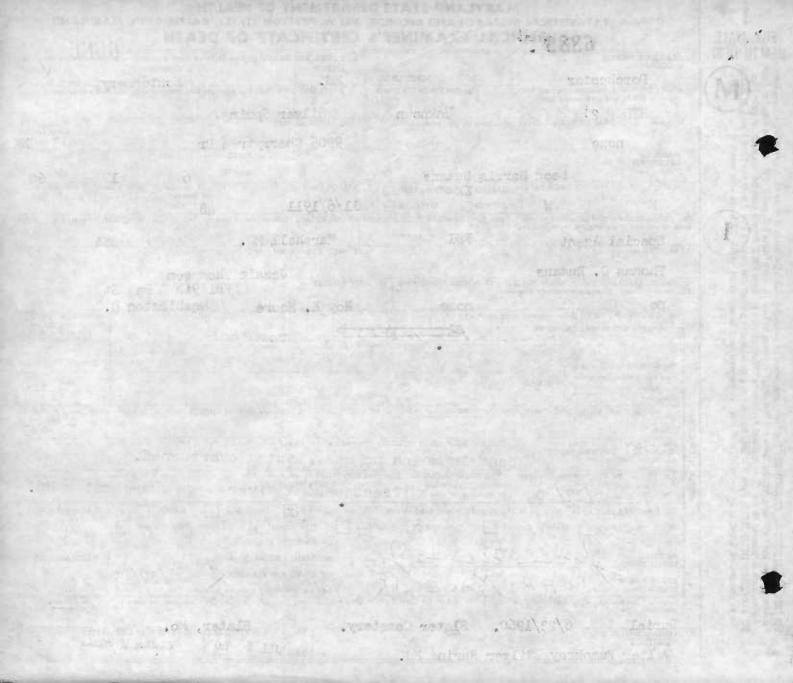


	LACE OF DEATH		85,540		2. USUAL RESIDENCE (	Where deceased			before admi	ssion)
0		chester		MARYLAND	a. STATE Marylar	nd	b. COUNTY	Dorche	ster	
b	. CITY OR TOWN (	If outside corporate limi	its, write c. LEN	GTH OF STAY IN 16	c. CITY OR TOWN (		rote limits, write	RURAL and giv	re nearest tow	rn)
	Car	bridge	37	years	15 Cambri					37716
d	OR INSTITUTION	TAL (If not in hospital, g	give street oddress)		d. STREET ADDRESS				ON	SIDENCE A FARM?
		Race street	et		104 Rs	ce str	et		YES [	] NO [X
C	NAME OF DECEASED	Fir	rst	Middle	Last	4. DATE OF		onth	Day	Year
5. S	Type or print)	Ida	7	Hoge	Paul  B. DATE OF BIRTH	DEATH	9. AGE (In years	1,1960	YEAR IF UND	19
				DIVORCED		3 0 00	lost birthdoy)	Months D	ays Hours	1
	emale	White	WIDOWED T		February 29	4	80 yrs		N OF WHAT	COUNTRY
	during most of wor	king life, even if retired	)	OF BUSINESS OR INDI				12. CITIZE		COUNTRI
_	Homemaker				Minnesot		Minn.		U.S.	
		lion F Hom								
15		Liam F. Hog		SECURITY NO.	Eliza Fi	sener	Ado	dress		
	, no, or unknown)	(If yes, give wor or dates of s							1	37.3
-	NO CAUSE OF DE	ATH [Enter only one co			s. John W. Tr	uitt,40	4 Mace S	t. Cam	orloge Interval	
		ATH WAS CAUSED BY:	ouse per line for (c	)), (b), ond (c).]	.00	-			ONSET AN	D DEATH
	100	IMMEDIATE CAUSE (d		·	my Lordo	- Clue			30	Yhte
	America	DUE TO	· · · · · · · · · · · · · · · · · · ·	0	A 11		1)	M -		
	Condition If	and the same	(i) V	n	No.	- 2	- 1- 1	Va spine	"M P	
	Conditions, if a	mmediate		In sele	role Cord	47840	non 1	Veser	Tes	2
	gove rise to i	mmediate the under-		en sele	role Cord	erre	alon 1	Viseori	yes	دم
NO	gove rise to i couse (o), stoting lying couse lost.	the under-	)	SUTING TO DEATH BU	TO TRELATED TO THE TE	RMINAL DISEAS	E CONDITION G	Veses IVEN IN PART	1(o) 19. WAS	AUTOPSY
ATION	gove rise to i couse (o), stoting lying couse lost.	the under-	)	BUTING TO DEATH BU	T NOT RELATED TO THE TEL	RMINAL DISEAS	E CONDITION G	IVEN IN PART	PERF	ORMED?
TIFICATION	gove rise to it couse (o), stoting lying couse lost.  PART 11. OT	mmediate DUE TO (continue the under- ) Continue TO (continue the continue the conti	D)		IT NOT RELATED TO THE TEL			Vesioni IVEN IN PART	PERF	AUTOPSY ORMED?
RTIF	gove rise to it couse (o), stoting lying couse lost.  PART 11. OTI  20a. ACCIDENT W. OR CONTRIBITING	the under-	D)					Vesioni IVEN IN PART	PERF	ORMED?
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L CERTIF	gove rise to a couse (o), stoting lying couse lost.  PART II. OTI  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUI Hour a.m.	mmediate the under- the under- therefore the significant conditions  AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	20b. DESCRIBE H	OW INJURY OCCURR  OCCURRED 20e. F	ED. (Enter noture of injury	in Port I or Par			PERF YES	ORMED?
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RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND AEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence below admission) a. COUNTY a. STATE b. COUNTY y is necessary director. Page Dorchester MARYLAND Md. Montognery

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) Silver Spring a. IS RESIDENCE ON A FARM? 9905 Cherrytree Dr YES NO XIX none 3. NAME OF First Middla DATE Month DECEASED OF and 3 to the (Type or print) Leon Harris Rumans DEATH with 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED 5. SFX B. DATE OF BIRTH IF UNDER 24 HRS. AGE (In years | IF UNDER 1 YEAR 2 with last birthday) Months Days Hours Ain 24 hours after of Cive Pages 1, 2, and Corm PM3. Page 5 to Page 5 to Page 5 to Page 7 and Corm Pages 7 a WIDOWED DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY dona during most of working life, even if ratirad) FBIMarshall MO. Special Agent USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas O. Rumans Jessie Thompson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT FBI 9th Pa permit. (Yas, no. or unkown) | (If yes give war or datas of service) id be executed w Washington D.C nome Roy K. Moore 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY Instant IMMEDIATE CAUSE (a) Drowning DUE TO certificate should Conditions, if any, which (b) "pending" gave rise to immediata causa the certificate, writing the word "pending" revarded to the Chief Medical Examiner's DIRECTOR: Page 3 should be used as a degent, prior to buriel, cremation, or ren DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES A NO 20a. EXTERNAL CAUSE WAS PRIMARY Of Or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part I or Part II of item IB.) Boat in which he was fishing overturned. 20d. INJURY OCCURRED | 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY (County) Month, Day, Yaar (Stata) Not Whila factory, streat, office bldg., etc.) Whila Dorchester Md at work at work X Bransquaking ase the forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 240 p Burial 24a. REC'D BY REGISTRAR 1 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR Warner VS. A15ME arilar & Kraus 5M 7/59 Walter Pumphrey Silver Spring Md.



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MARYLAND	STATE	<b>DEPARTMENT</b>	OF	HEALTH-BALTIMORE,	18
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06866

6876 CERTIFICATE OF DEATH

				Keg. Di	ST. 140.	
o. COUNTY	MARYLAND	2. USUAL RESIDENCE (WI		b. COUNTY _		)
Dorchester		Maryla			chester	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside carporote li	mits, write RURAL and	give nearest tawn)	
Cambridge	2 weeks	Colde	en Hill			
d. NAME OF HOSPITAL (If not in haspital, give street a OR INSTITUTION	iddress)	d. STREET ADDRESS			. IS RESID	ENCE
Cambridge Md Hospital		Rui	ON A F			
. NAME OF First	Middle		4. DATE			
DECEASED (Type or print)  Levin Theop.		Last	OF DEATH	Month	Day Yes	
	1	8. DATE OF BIRTH		June 10 E (In years IF UNDER	1 YEAR IF UNDER	60
THOUSE THE PARTY OF THE PARTY O		O. DAIL OF BIKIN	los	t birthdoy) Months	Days Hours	Min.
				9 yrs.		
0o. USUAL OCCUPATION (Give kind of wark dane 10b.) during most af working life, even if retired)	CIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign country)	12. CIT	IZEN OF WHAT CO	DUNTRY?
Farmer-saw mills G	rain-lumber	Golden Hil	II. Dor C	o. Md.	USA	
3. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME			
Lingan T. Spicer		Bertha	Keene			
	OCIAL SECURITY NO. 17. IN	NFORMANT		Address		
(Yes, no or unknown) (If yes, give war or dates of service)	R	thel Robinson	Spicer:	Golden Hi	n Ma	
1B. CAUSE OF DEATH [Enter only one cause per line		OUGTOPTIBOL	r phreer;	GOTGEN UT		
PART I. DEATH WAS CAUSED BY:	e tot (0), (b), and (c).]	01-6	4		ONSET AND D	
IMMEDIATE CAUSE (o)	o conard	enforche	l-n-		6.der	2
DUE TO	2 4	1- 1	0 .	0 6		
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PARTIL OTHER SIGNIFICATOR CONDITIONS CO	A DEATH BUT	NOT KELATED TO THE TEKM	NAL DISEASE CON	IDITION GIVEN IN PAK	PERFORM	NED?
younged	Verdonill	1 - 2 20 11			YES M	10 🗆
■ OR CONTRIBUTING  □ CAUSE OF DEATH	RIBE HOW INJURY OCCURRED	). (Enter nature of injury in !	Part I ar Part II of	item 1B.)		
(IF EITHER, NOTIFY MEDICAL EXAMINER)						
	for a	CE OF INJURY (Hame, form	, 20f. (City or tax	wn) (C	County)	(State)
Hour o. m. While at work	1401 4/11/6	iory, street, diffice blog., etc	'			
	d from S-2	2- 10 60 4-	6-10	10 60 4 11		
21. I certify that I attended the decease		2-, 19 60, to		., 19 60, that I		
alive on 6-10- , 19 6	$Q_{\perp}$ , and that death	occurred at 2				
Account (		/1	ADDRESS (Street, c	ity ar town, state)	DATE	SIGNED
SIGNATURE 123	acked 12-	4.D. ( 1 200	uncolog		6 -1	0-6c
PHYSICIAN'S Wilbur Baumann						
20. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF	CREMATORY	22d. LOCATION I	City, town, or county)	(Stote)	
REMOVAL Specify 6 12 60	Dochester Me		Cambrid		(5,016)	
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR	24b. REGISTRAR'S SIG	CNATURE	
Le Compte Funeral Service		d. 240. KEC	UN 15'60	Online &		

VS A15 (4) 15M 9/S5 . De l'estrate de l'entre de la contrata del la contrata de la contrata del la contrata de la contrata del la contrata del la contrata del la contrata del l The carties the second second second

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 689MEDICAL EXAMINER'S CERTIFICATE OF DEATH necessary, please exertar. Page 4 shauld be Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) b. COUNTY Dorchester MARYLAND Maryland Dorchester b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) U.S. Wildlife Refuge Near Church Creek, Md Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS R. IS RESIDENCE ON A FARM? Queen Anne Ave., YES NO Rura] 3. NAME OF Woodfrow DATE Middle Last Month Year uneral DECEASED June 8,1960 (Type or print) Steele Webster DEATH School CE 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Sept.1.1918 WIDOWED | DIVORCED | White Male 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S. Cambridge Asst. Manager Wildlife Refuge 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lettie Palmer Lloyd Webster 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs.Lotta Lee Webster, Queen Anne Ave., Cambridge, M Yes 1B. CAUSE OF DEATH [Enter only one couse per fine for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: Drowning Instant IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause **DUE TO** (o), stoting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO [ 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Apparently fell from boat. MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) Month, Day, Year (County) (Slole) While Not while of work foctory, street, office bldg., etc.) 6-8-50 10 Nr. Cambridge Dor. Md. 21. I certify that I took charge of the remains described above, held on Autopsy X, Inspection , Inquiry , and find that death resulted from: Natural couses , Accident XI, Suicide , Homicide , Undetermined cause XI DATE SIGNED ACTUAL SIGNATURE 00 ASSISTANT MEDICAL EXAMINER DEPUTY EXAMINER'S John Mace Jr. 7/6/60 DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Slole) REMOVAL (Specify) 0 June 11 1960 Dorchester Memorial Park Cambridge . Md. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Cambridge, Md. VS. A15ME(5) '60 arthur & Hrons DATE JUL 7 5M 9/55

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